

**STATE OF IDAHO  
DIVISION OF BUILDING SAFETY  
PLUMBING BUREAU, LICENSING SECTION  
1090 E. WATERTOWER ST.  
MERIDIAN, ID 83642  
(208) 334-3442  
[dbs.idaho.gov](http://dbs.idaho.gov)**

**APPLICATION FOR SPECIALTY JOURNEYMAN PLUMBER LICENSE**

A person wishing to become a specialty journeyman plumber shall meet the requirements for that specialty in order to be approved to take the exam.

**APPLIANCE PLUMBING SPECIALTY LICENSE REQUIREMENTS**

**IDAPA 07.02.05.18** States in part...Appliance plumbing specialty journeymen must have eighteen (18) months of specialty apprentice on-the-job experience, satisfactory completion of seventy-two (72) hours of approved related training classes (see back page of application for schooling info) in order to be approved to take the specialty appliance journeyman exam. Appliance plumbing specialty apprentices must be employed by a licensed contractor, under the supervision of a journeyman, be enrolled in or have completed approved related training classes and maintain state registration.

**WATER PUMP PLUMBING SPECIALTY LICENSE REQUIREMENTS**

**IDAPA 07.02.05.19** States in part...Water pump specialty journeymen must have eighteen (18) months apprentice on-the-job experience, satisfactory completion of twelve (12) hours of approved related training classes (see back page of application for schooling info) in order to be approved to take the specialty water pump journeyman exam. Water pump plumbing specialty apprentices must be employed by a licensed contractor, under the supervision of a journeyman, be enrolled in or have completed approved related training classes and maintain state registration.

**MOBILE HOME SET-UP OR INSTALLERS**

**IDAPA 07.02.05.017** States in part...Mobile home set-up or installers must have 2 years worth of work experience in the field in order to be approved to take the specialty journeyman exam. All installers shall be licensed and be in the employ of a licensed plumbing contractor or specialty contractor limited to this category. Any person qualifying for and having in his possession a current license in this category may make the proper connections of sewer and water to existing facilities on site. All installers shall be licensed and be in the employ of a licensed plumbing contractor or specialty contractor limited to this category. This specialty license does not permit any extension, alteration, or addition to the plumbing system within the mobile home or the installation of any underground plumbing outside the mobile home.

**EXPERIENCE GAINED BY AN INDIVIDUAL WHILE ENGAGED IN THE PRACTICE OF A SPECIALTY CATEGORY SHALL NOT BE CONSIDERED TOWARDS THE SATISFACTION OF THE MINIMUM EXPERIENCE REQUIREMENTS FOR LICENSING AS A JOURNEYMAN PLUMBER.**

**FEES: A \$22.50 administrative fee** must accompany this application, whether applying to test or to reciprocate. If an applicant for testing does not take the examination within 1 year of Bureau approval, he/she must reapply to the Plumbing Bureau and resubmit the administrative fee.

**Upon passing the examination a license fee will be calculated for you, based on your birth date.** (*Applicants failing to purchase a license within ninety (90) days of the date of successful examination shall be required to reapply for licensure, again obtain the Bureau approval and re-examine.*)

Payment may be made in the form of personal check, money order, cashier's check. **ALL DISHONORED CHECKS WILL BE REQUIRED TO PAY A COLLECTION FEE NOT TO EXCEED \$20.00, AS PER IDAHO CODE 28-22-105.**

FOR PLUMBING BUREAU USE

APPROVAL: \_\_\_\_\_  
DATE: \_\_\_\_\_

STATE OF IDAHO  
DIVISION OF BUILDING SAFETY  
**PLUMBING BUREAU**

**APPLICATION FOR SPECIALTY JOURNEYMAN PLUMBER LICENSE**

**CHECK THE TYPE OF SPECIALTY JOURNEYMAN YOU ARE APPLYING FOR:**

APPLIANCE SPECIALTY \_\_\_\_\_ WATER PUMP SPECIALTY \_\_\_\_\_ MOBILE HOME SPECIALTY \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street, Box, or Route City State Zip Code

Have You Ever Had a Plumber License?

\_\_\_\_ No \_\_\_\_ Yes: Location: \_\_\_\_\_ Type or Grade: \_\_\_\_\_ In force from: \_\_\_\_\_ to: \_\_\_\_\_

Was License Obtained by Examination? \_\_\_\_ No \_\_\_\_ Yes; \_\_\_\_\_ Date: \_\_\_\_\_

Address When Tested: City: \_\_\_\_\_ State: \_\_\_\_\_  
\_\_\_\_\_

Have You Ever Served a Plumbing Apprenticeship? No \_\_\_\_ Yes \_\_\_\_

Apprenticeship Served With: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Box, or Route City State Zip Code

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

**THIS APPLICATION MUST BE SIGNED AND NOTARIZED**

I, \_\_\_\_\_, being first duly sworn, do hereby certify that the above statements are true and correct.

**I UNDERSTAND THAT I AM RESTRICTED, WHILE HOLDING THE LICENSE HEREIN APPLIED FOR, TO  
EMPLOYMENT WITH AND UNDER THE DIRECTION OF A LICENSED PLUMBING CONTRACTOR.**

Signature of Applicant

Date

**THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC**

Subscribed And Sworn To Before Me This \_\_\_\_\_ Day Of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY

NOTARY PUBLIC FOR: \_\_\_\_\_

COMMISSION EXPIRES : \_\_\_\_\_

STATE OF IDAHO  
DIVISION OF BUILDING SAFETY  
**PLUMBING BUREAU**

**PLUMBING EMPLOYMENT RECORD**  
**APPLICATION FOR SPECIALTY JOURNEYMAN PLUMBER LICENSE**

**NOTE:** Applicants for testing must provide the Plumbing Bureau with **notarized letters of verification of employment from each employer**, including the complete address of said employer to process your application, unless this information has already been provided to the Bureau through registration in the Idaho plumbing apprenticeship program. To be credited for plumbing experience gained in military service, you must include a copy of your DD-214 with this application.

**IF PRESENTLY LICENSED WITH ANOTHER STATE, YOU MUST ENCLOSE A COPY OF YOUR CURRENT LICENSE**

**Present Employer:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Box, or Route City State Zip Code

Type of Work, (Be Specific): \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

**Previous Employer:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Box, or Route City State Zip Code

Type of Work, (Be Specific): \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

**Previous Employer:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Box, or Route City State Zip Code

Type of Work, (Be Specific): \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

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**SPECIALTY PLUMBER EMPLOYER'S VERIFICATION FORM**

THIS PAGE MAY BE COPIED AS NECESSARY FOR MORE THAN ONE EMPLOYER.

Applicant Name: \_\_\_\_\_

Dates of Verification: \_\_\_\_\_

From: (month/day/year)

To: (month/day/year)

Detailed Description of type of work performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**THIS APPLICATION MUST BE SIGNED AND NOTARIZED**

This work was performed under the constant on the job supervision of a journeyman plumber or a specialty journeyman plumber and in the employ of a licensed plumbing contractor or specialty plumbing contractor:

Employer/Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature

Date

**THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC**

Subscribed And Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE

NOTARY PUBLIC FOR: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_

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## DEFINITIONS OF SPECIALTY TYPES

### **IDAPA 07.02.05.017 MOBILE HOME SET-UP OR INSTALLERS**

#### **IDAPA 07.02.05.018.08 APPLIANCE PLUMBING SPECIALTY LICENSE**

Scope of work permitted: Permitted to disconnect, cap, remove, and reinstall within sixty (60) inches of original location: Water heating appliance, water treating or filtering devices; air or space temperature modifying equipment which involves potable water; humidifier' temperature and pressure relief valves; condensate drains and indirect drains in one (1) and two (2) family residences only. Does not include installation, testing, or certifying of backflow prevention devices. Does NOT include any modification to the drain, waste or vent systems. Must comply with all Idaho State Plumbing laws and rules and the requirements of the Uniform Plumbing Code.

#### **IDAPA 07.02.05.019 WATER PLUMBING SPECIALTY LICENSE**

Scope of work permitted: Permitted to install and connect water service piping from pump to storage expansion pressure tank in one (1) and two (2) family residences only. Does not include installation, testing, or certifying of backflow prevention devices. Does NOT include any modification to the drain, waste or vent systems. Must comply with all Idaho State Plumbing laws and rules and the requirements of the Uniform Plumbing Code.